


<b>UCLA MEDICAL GROUP – Managed Care Operations</b>		
<b>DEPARTMENT:</b>	UCLA Medical Group / UCLA Health Care	POLICY NUMBER:
<b>SECTION:</b>	UNIT	UM.GUIDELINE.PAIN.1.0
<b>TITLE:</b>	<b>Practice Guidelines – Pain Alleviating Procedures</b>	ISSUE DATE: 01/20/2021 EFFECTIVE DATE: 01/20/2021 <b>REVISION DATE: 9/20/23</b>
<b>UMC Approval Dates:</b>	<b>01/2021, 9/20/23</b>	

**PURPOSE:** Establish an evidence based clinical policy for pain alleviating procedures in the UCLA managed care population in order to standardize care and processes across settings, specialties, health plans, lines of business, providers and UM reviewers.

**POLICY: General Consultations:**

Initial referral to a specialist for the purpose of pain relief is appropriate after a reasonable period of standard conservative treatment fails to achieve adequate pain relief.

**Spine and Paraspinal Procedures**

*Nerve Block with local anesthetic* is medically necessary after a standard evaluation under the following conditions:

- A. An examination has localized and/or reproduced pain consistent with the nerve to be anesthetized and
- B. Medical conditions for which this treatment would be harmful or contraindicated have been appropriately ruled out. and
- C. The primary purpose of this injection is diagnostic, not analgesic, and should not exceed 2 per year.

*Intra-articular facet steroid injection* is a therapeutic procedure subject to the following conditions:

- A. This treatment should not occur more frequently than every 3 months
- B. Significant and lasting pain relief has been demonstrated from prior injections.

*Nerve destruction* (chemical or other ablation) is considered medically necessary in the following circumstances:

- A. 2 diagnostic blocks on separate days have achieved significant pain relief.
- B. There has not been a prior nerve destruction within the last 6 months.
- C. Repeat procedures may be performed up to every 6 months without additional diagnostic nerve blocks if prior procedures produced significant pain relief.

*Epidural* (local and/or steroid) injection is indicated for local and radicular pain under the following circumstances:

- A. There is no evidence of spinal cord compression, local neoplasm, or other contraindications.
- B. Each injection should be based on a pre-procedure evaluation. Previously planned series of injections are not appropriate.
- C. Repeated treatments may be required during the initial stabilization phase (2-3 injections) before pain relief is achieved. Thereafter, additional treatments should occur only after significant and lasting pain relief has been demonstrated from prior injections.

<b>DEPARTMENT:</b>	TBD	<b>POLICY NUMBER:</b>
<b>TITLE:</b>	<b>POLICY TITLE</b>	Page 2 of 4

### Peripheral Nerve Procedures

Nerve block procedures in the ambulatory setting are typically for the diagnostic purpose of identifying pain sources and informing future treatment plan. This policy applies to all peripheral nerves including genicular and facial nerves.

- A. The number of injections is limited to 2 for diagnostic purposes. In order to be considered medically necessary there must be a clear treatment question that the result of this nerve block will inform.
- B. In certain circumstances there is a treatment benefit from nerve blocks. In these circumstances the nerve block may be repeated no more frequently than every 6 months if significant and lasting pain relief was previously accomplished.
- C. Nerve ablation is indicated after 2 prior nerve blocks have been performed on separate days with significant pain relief or if a prior ablation produced significant pain relief and was performed at least 6 months previously.
- D. Occipital nerve blocks or ablations meeting the above criteria may be repeated every 3 months.

**Tendon Sheath Injections (including insertion point):** There is insufficient evidence that this approach is safe and effective for the routine treatment of most conditions.

- A. *Tendon sheath injections* in general are not medically necessary for the exclusive purpose of pain relief, including headaches and muscular pain.
- B. There **is evidence** that tendon sheath injections are medical necessity for certain specific conditions such as (but not limited to) elbow tendonitis, trigger finger and DeQuervain’s tenosynovitis. In these conditions the treatment is typically limited to one injection after 6+ weeks of conservative treatment (NSAIDS, PT, rest, stretching) has failed to improve the discomfort.
- C. This is not a procedure that is equivalent to trigger point injections.

### Imaging Guidance:

*Fluoroscopy* is medically necessary for identification of structures in the majority of procedures, but is not required to localize the knee joint for the purpose of aspiration or injection.

*Ultrasound:* Ultrasound (“US”) guidance may improve accuracy of needle placement in joints that are difficult to access. US guidance<sup>5</sup> is of greatest use for joints or other periarticular spaces that are especially difficult to enter based upon external landmarks alone. These regions and the recommended US approach include:

- Carpal tunnel (direct or indirect)
- Metacarpophalangeal joints (direct)
- Hip joint (direct or indirect)
- Sacroiliac joint (direct)
- Subtalar joint (direct)
- Metatarsophalangeal joints (direct)

<b>DEPARTMENT:</b>	TBD	<b>POLICY NUMBER:</b>
<b>TITLE:</b>	<b>POLICY TITLE</b>	Page 3 of 4

US guidance may be of benefit, depending upon multiple factors, including cost, expertise of the clinician in unguided musculoskeletal procedures, and the success of initially unguided procedures, in regions for which procedures guided by external landmarks are common practice. These areas and the recommended US approach include:

- Posterior glenohumeral (GH) joint (direct or indirect)
- Subacromial bursa (direct or indirect)
- Elbow joint (direct or indirect)
- Wrist (radiocarpal) joint (direct or indirect)
- De Quervain tendinopathy (direct)
- Trigger finger (direct)
- Baker's cyst (direct or indirect)
- Tibiotalar joint (direct or indirect, after failure of unguided procedure)

US guidance is generally not necessary in the following joints:

- Acromioclavicular joint
- Knee (except in individuals with obesity)
- Tibiotalar joint

However, ultrasound guidance of the knee for the injection of viscosupplementation with intraarticular hyaluronic acid derivatives will be permitted in order to limit possible extravasation of the agent outside the joint space. Ultrasound guidance of the knee for corticosteroid injections is not considered medically necessary to facilitate injection.

Specifically, localization of the occipital nerve is not considered medically necessary to facilitate injection. **Procedural Conscious Sedation:**

Sedation is medically necessary for cervical procedures. It is also medically necessary for radiofrequency ablation at any spinal level and when multiple injections are required for a procedure or multiple procedures performed during the same encounter. Procedural Conscious Sedation for any other procedure is not medically necessary in the absence of well documented and compelling clinical reasons such as previously documented pain intolerance, anxiety, or other.

**Joint Specific Procedures:**

Gentaculate artery embolization is investigational and not medically necessary for knee pain. There is insufficient evidence that pain relief is produced safely and reliably by this procedure.

**APPLICABILITY:**

**Relevant Product lines/Health Plans:**

Product Type	Y/N
Commercial	Y
Medicare Advantage	Y
Medi-Cal	Y

<b>DEPARTMENT:</b>	TBD	<b>POLICY NUMBER:</b>
<b>TITLE:</b>	<b>POLICY TITLE</b>	Page 4 of 4

**DEFINITIONS:**

**REFERENCES:**

1. Evaluating Patient-Centered Outcomes in Clinical Trials of Procedural Sedation, Part 1 Efficacy: Sedation Consortium on Endpoints and Procedures for Treatment, Education, and Research Recommendations  
Anesthesia & Analgesia: March 2017 - Volume 124 - Issue 3 - p 821-830
2. Blumenfeld A, Ashkenazi A, Napchan U, et al. Expert consensus recommendations for the performance of peripheral nerve blocks for headaches--a narrative review. Headache 2013; 53:437.
3. Robbins MS, Robertson CE, Kaplan E, et al. The Sphenopalatine Ganglion: Anatomy, Pathophysiology, and Therapeutic Targeting in Headache. Headache 2016; 56:240.
4. <http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPMN/pmn.cfm>.
5. Bruyn G, UpToDate, Musculoskeletal ultrasonography: Guided injection and aspiration of joints and related structures, May 20, 2021. [https://www.uptodate.com/contents/musculoskeletal-ultrasonography-guided-injection-and-aspiration-of-joints-and-related-structures?search=shoulder%20injection%20steroid&topicRef=7986&source=see\\_link](https://www.uptodate.com/contents/musculoskeletal-ultrasonography-guided-injection-and-aspiration-of-joints-and-related-structures?search=shoulder%20injection%20steroid&topicRef=7986&source=see_link)

**DOCUMENT CONTROL:**

Approving Body: WW UMC Committee 09/20/2023

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**REVISION / REVIEW HISTORY**

<b><u>Date</u></b>	<b><u>Action</u></b>	<b><u>Reason</u></b>
01-20-2021	Approved in UMC	Policy Creation
09-20-2023	Approved in UMC	Update to PNP section